

## **General Principles of Biblical Counseling, Part 1**

### Eight I's Counseling Model (1-4)<sup>1</sup>

#### **#1 Involvement**

**Definition:** Promote biblical change by establishing a change-facilitating relationship.

**Scriptural reference:** Prv 27:6, 9; Jn 13:34, 35; 15:13-15; Rom 12:10; 2 Cor 2:4; Gal 6:1, 2; Phil 1:8; 1 Thes 2:7, 8.

**A. Genuine compassion.** Mt 9:36; Col 3:12; Phil 1:8; 2:1, 2

Gain “PASSPORT” with positive answers to the questions in Ken Sande’s book *The Peacemaker* (Grand Rapids: Baker Books, 2004): Can I trust you? Do you really care about me? Can you actually help me?

**B. Show respect.** Mt 18:15-17; Rom 12:10; 1 Pt 2:17

**C. Genuineness and honesty.** 2 Cor 4:2; Eph 4:25; 1 Jn 1:6, 7

**D. Pray with and for the counselee.** Phil 1:3-5; 1 Thes 5:17

**E. The fruit of the Spirit in the counselor as an example at all times.** Gal 5:13, 14, 22, 23

**F. Some caution for the counselor on involvement.** 2 Chr 24:2; Prv 1:10; Gal 6:1; Phil 2:12; 1 Tm 2:12; Titus 2:3-5 See Jim Newheiser, “The Tenderness Trap” article at *The Journal of Biblical Counseling*, Vol. 13, No. 3, 1995, 44-47.

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<sup>1</sup> This information was obtained and adapted from the “Methods of Biblical Change” graduate course instructed by Dr. Wayne Mack at The Master’s College.

The complete source of this material (originally 7 I's without the “Integration” element) is in a book co-authored by Wayne Mack: *Introduction to Biblical Counseling: A Guide to the Principles and Practice of Counseling* (Nashville: Thomas Nelson, 1994), 173-297.

The current source for this information can be found in a book co-authored by Wayne Mack: *Counseling: How to Counsel Biblically* (Nashville: Thomas Nelson, 2005), 101-200.

## **#2 Inspiration**

**Definition:** Promote biblical change by inspiring or influencing the counselee to develop and sustain an attitude and feeling of hope.

**Scriptural reference:** Prv 10:28; 18:14; Rom 8:24, 25; 15:4, 13; 2 Cor 3:12; Col 1:4-5; 1 Thes 4:13; 1 Tm 1:1; Heb 6:17-20; 7:19.

**A. Jesus and the gospel are the basis of hope.** Mt 11:28-30; Jn 11:1-46; 1 Tm 1:1; 4:10; 1 Pt 1:3-5

**B. People are motivated to change with hope.** Rom 15:4, 13; 1 Cor 10:13

**C. True hope.** Ps 119:49; 1 Pt 1:3; Heb 11:1; 12:3

**D. Be careful not to over promise.** Mt 5:12; Rom 8:28, 29; Heb 11:6, 24-26; 2 Pt 1:4

**#3 Inventory (also Investigate)**

**Definition:** Promote biblical change by gathering enough of the right kinds of information to accurately understand the counselee and the problems.

**Scriptural reference:** Gn 12:10-20; Prv 18:13, 15, 17; 19:2; 20:5.

- A. **Personal Data Inventory (PDI) form (The Master's College, Department of Biblical Counseling sample form, Personal Data Inventory form—see Attachment 1).**
- B. **Organizer form (see Attachment 2).**
- C. **Determining if the counselee is a believer is most important.** Mt 7:20-23; Phil 3:7; 1 Jn 2:3, 4; 4:7, 8; 5:1, 2, 13
- D. **Presenting problem of the counselee.** Prv 14:12; 20:5; Jam 4:1
- E. **Ask effective and appropriate questions.** Prv 14:15; 18:13
- F. **Common questions to be answered.**
  - 1. What has happened or is happening in the person's life?
  - 2. How is the person responding to what has happened or is happening?
  - 3. What are the person's thoughts, beliefs, and presuppositions about what is happening?
  - 4. What are the person's thoughts about God, others, life in general, and self in relationship to what is happening?

**G. Draw out what is going on in the person's heart.** Prv 4:23; Mt 12:33-35; Mk 7:21, 22; Lk 6:43-45; 14:26, 27; Jn 15:1-11; Heb 4:12d

1. Examples of misplaced hope.
  - a. Pleasure, comfort, ease, food, sex, pornography.
  - b. Control, power, approval of man, money, success, recognition.
  - c. Husband, wife, children, extended family.
2. An excellent resource for heart questions is *Seeing with New Eyes: Counseling and the Human Condition Through the Lens of Scripture*, chapter 7, "X-ray Questions," by David Powlison (Phillipsburg: P & R Publishing, 2003), 129-143.

**H. Halo (non-verbal) data.**

1. Facial expressions, body language, sitting close or apart, holding hands, physical appearance. Gn 4:6; Prv 6:13
2. Paralinguistic communication (*how* the counselee says things).

**I. P.R.E.A.C.H.D. acronym for the types of data to gather.**

1. Data is gathered about the whole person and is not just focused on the problem.

a. Physical.	e. Conceptual.
b. Resources/Relationships.	f. Historical.
c. Emotional.	g. Desire.
d. Actions.	
2. P.R.E.A.C.H.D. can be studied in *Counseling: How to Counsel Biblically*, Wayne Mack, chapter 10, "Taking Counselee Inventory: Collecting Data," 131-146.

**J. Hear from other parties involved.** Prv 18:17**K. Use homework to gather more data.**

## **#4 Interpretation**

**Definition:** Promote biblical change by analyzing and organizing the information from the inventory phase to accurately identify the biblical nature and cause of the problem, and to convincingly explain this to the counselee.

**Scriptural reference:** Prv 3:5-7; Mk 7:14-23; 10:17-23; Lk 10:38-42; Rom 12:2; 2 Tm 3:16, 17.

**A. Replace secular language with biblical language to aid in finding the biblical answer.** Prv 3:5-7; Rom 12:2; Col 3:5

1. Dysfunctional family.
2. Low self-esteem, lacks self-confidence.
3. Unmet needs.
4. Workaholic.
5. Perfectionism.
6. Addiction to gambling, drugs, alcohol, sex.

**B. What biblical categories (spiritual condition) could be used to describe the person?**

1. Believer / Unbeliever. Jn 3:18, 36
2. Mature – Teacher (including informally) / Immature – Child. Heb 5:12-14; Eph 4:11-16
3. Unruly / Fainthearted (discouraged) / Weak. 1 Thes 5:14
4. Loving / Selfish. Mt 22:36-40
5. Foolish / Wise. Prv 1:7; 10:1, 8; 14:1

**C. What insights does the Bible give for the probable cause?** Jer 17:5-9; Mk 7:21-23; Jam 4:1

**D. Start to draw conclusions and finalize the interpretation (based on the information gathered).**

**E. Further research can be done.**

**Personal Data Inventory**  
Please complete this inventory carefully

**Personal Identification**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Referred By: \_\_\_\_\_

Marital Status:      Single: \_\_\_\_\_ Engaged: \_\_\_\_\_ Married: \_\_\_\_\_ Separated: \_\_\_\_\_  
                        Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_

Education (last year completed): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Years: \_\_\_\_\_

**Marriage and Family**

Spouse: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ How Long Employed: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Length of Dating: \_\_\_\_\_

Give a brief statement of circumstances of meeting and dating:  
\_\_\_\_\_  
\_\_\_\_\_

Have either of you been previously married: \_\_\_\_\_ To Whom: \_\_\_\_\_

Have you ever been separated: \_\_\_\_\_ Filed for divorce: \_\_\_\_\_

Information about Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Living: \_\_\_\_\_ Year Ed.: \_\_\_\_\_ Step-Child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe relationship to your father: \_\_\_\_\_  
\_\_\_\_\_

Describe relationship to your mother: \_\_\_\_\_  
\_\_\_\_\_

Number of sibling(s): \_\_\_\_\_ Your sibling order: \_\_\_\_\_

Did you live with anyone other than parents: \_\_\_\_\_  
\_\_\_\_\_

Are your parents living: \_\_\_\_\_ Do they live locally: \_\_\_\_\_

## **Health**

Describe your health:  
\_\_\_\_\_

Do you have any chronic conditions: \_\_\_\_\_ What: \_\_\_\_\_

List important illnesses and injuries or handicaps:  
\_\_\_\_\_

Date of last medical exam: \_\_\_\_\_ Report: \_\_\_\_\_

Physician's name and address: \_\_\_\_\_

Current medication(s) and dosage:  
\_\_\_\_\_

Have you ever-used drugs for anything other than medical purposes: \_\_\_\_\_

If yes, please explain:  
\_\_\_\_\_

Have you ever been arrested: \_\_\_\_\_

Do you drink alcoholic beverages: \_\_\_\_\_ If so, how frequently and how much: \_\_\_\_\_  
\_\_\_\_\_

Do you drink coffee: \_\_\_\_\_ How much: \_\_\_\_\_ Other caffeine drinks: \_\_\_\_\_  
\_\_\_\_\_ How much: \_\_\_\_\_

Do you smoke: \_\_\_\_\_ What: \_\_\_\_\_ Frequency: \_\_\_\_\_

Have you ever had interpersonal problems on the job: \_\_\_\_\_

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Have you ever had a severe emotional upset: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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Have you ever seen a psychiatrist or counselor: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or other medical records: \_\_\_\_\_

### **Spiritual**

Denominational preference: \_\_\_\_\_

Church attending: \_\_\_\_\_ Member: \_\_\_\_\_

Church attendance per month (circle):      0      1      2      3      4      5      6      7      8+

Do you believe in God: \_\_\_\_\_ Do you pray: \_\_\_\_\_ Would you say that you are a Christian: \_\_\_\_\_,

Or still in the process of becoming a Christian: \_\_\_\_\_

Have you ever been baptized: \_\_\_\_\_

How often do you read the Bible: Never: \_\_\_\_\_ Occasionally: \_\_\_\_\_ Often: \_\_\_\_\_ Daily: \_\_\_\_\_

Explain any recent changes in your religious life: \_\_\_\_\_

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### **Women Only**

Have you had any menstrual difficulties: \_\_\_\_\_ If you experience tension, tendency to cry, other symptoms prior to your cycle, please explain: \_\_\_\_\_

Is your husband willing to come for counseling: \_\_\_\_\_

Is he in favor of your coming: \_\_\_\_\_ If no, please explain: \_\_\_\_\_

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## **Problem Check List**

<input type="checkbox"/> Anger	<input type="checkbox"/> Depression	<input type="checkbox"/> Loneliness
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Drunkenness	<input type="checkbox"/> Lust
<input type="checkbox"/> Apathy	<input type="checkbox"/> Envy	<input type="checkbox"/> Memory
<input type="checkbox"/> Appetite	<input type="checkbox"/> Fear	<input type="checkbox"/> Moodiness
<input type="checkbox"/> Bitterness	<input type="checkbox"/> Finances	<input type="checkbox"/> Perfectionism
<input type="checkbox"/> Change in lifestyle	<input type="checkbox"/> Gluttony	<input type="checkbox"/> Rebellion
<input type="checkbox"/> Children	<input type="checkbox"/> Guilt	<input type="checkbox"/> Sex
<input type="checkbox"/> Communication	<input type="checkbox"/> Health	<input type="checkbox"/> Sleep
<input type="checkbox"/> Conflict (fights)	<input type="checkbox"/> Homosexuality	<input type="checkbox"/> Wife abuse
<input type="checkbox"/> Deception	<input type="checkbox"/> Impotence	<input type="checkbox"/> A Vice
<input type="checkbox"/> Decision Making	<input type="checkbox"/> In-laws	<input type="checkbox"/> Other

## **Briefly Answer The Following Questions**

1. What is your problem (what brings you here)?
  2. What have you done about the problem?
  3. What are your expectations from counseling?
  4. Is there any other information that we should know?

ATTACHMENT 2

Name \_\_\_\_\_ Age \_\_\_\_\_  
 Saved \_\_\_\_\_  
 Married \_\_\_\_\_ Children \_\_\_\_\_

**----- Misplaced Hope -----**


**----- Sins -----**


**----- Counseling Plan -----**

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

**----- Reading / Audio -----**


**----- Passages / Miscellaneous -----**


**----- Accountability -----**

Alcohol	Porn/Accountability service	
Drugs	Accountability partner	
Work	Associations	

**----- Church -----**

Name \_\_\_\_\_ City \_\_\_\_\_ Pastor \_\_\_\_\_

Service attendance	Small group	Membership (or classes)	Lord's Supper	Serving	Pastor relat/ authority	God's word /prayer
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**----- Additional Christian Lifestyle -----**

Christian friends	Hospitality				
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